

IRIS QUICK START GUIDE

Viewing Eligibility Information

To view eligibility information to determine whether a member is Medicaid eligible:

1. Log in to the ForwardHealth Portal at www.forwardhealth.wi.gov/.
2. After completing a Member search, access the Member menu and select the Benefit Plan panel.

Note: The term member, rather than participant, is used throughout this reference sheet and within the ForwardHealth Portal.

3. Review the Active field on the Member Information panel for **Active** and **Inactive Member IDs**. (Refer to page 2 of this guide for further information.)
4. Identify the active Medicaid plan's **effective date** and **end date**. The plan must have "Active" indicated in the Status column.
5. Review the member benefit plan information to determine if the member has **full benefit Medicaid plan eligibility** that spans the Include, Respect, I Self-Direct (IRIS) Program enrollment.
6. Review the Member Managed Care Organization Enrollment History panel to ensure that there is **no overlap** with managed care program enrollment. Also review the Waiver Enrollment menu to ensure that there is no overlap with enrollment for another waiver program, such as the Children's Long-Term Support (CLTS) Waiver Program.
7. Review the Patient Liability field on the Member Information panel to confirm the member's waiver **cost share** amount, if any.

Review Effective Date and End Date

The effective date and end date can be reviewed on the Benefit Plan panel. Refer to the example below.

Benefit Plan							
Status	Active Only	Benefit Plan					
Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
SSI State Supplemental Paymen	Active		BNFT	4 Supplemental Security Income	09/01/2012	07/31/2018	
MCDW Medicaid Waiver	Active	None	BNFT	1 Medicaid	08/01/2012	08/31/2019	
SSIMA Medicaid for SSI	Active		BNFT	1 Medicaid	08/01/2018	12/31/2020	000000

Full-Benefit Medicaid Plan Eligibility

The member must have full-benefit Medicaid plan eligibility that spans the IRIS program enrollment; otherwise, the contractor will not be paid the monthly rate of service (MROS) for that month for that member. The following table contains a list of full-benefit Medicaid plans.

FULL BENEFIT PLANS	
BCSP	BadgerCare Plus Standard Plan
FSTMA	Medicaid for Foster Care
MAP	Medicaid Purchase Plan
MAPW	Medicaid Purchase Plan Waiver
MCD	Medicaid
MCDW	Medicaid Waiver
SSIMA	Medicaid for SSI
WWMA	Wisconsin Well Woman Medicaid

Note: The Supplemental Security Income (SSI) and Supplemental Security Income - Exception (SSI-E) benefit plans are **not** considered full-benefit Medicaid plans.

No Overlap

- Members cannot be concurrently enrolled in IRIS and a managed care or waiver program. The following table includes a list of managed care and waiver programs identified in interChange.
- If a member is enrolled in a managed care program or another waiver program, contact the appropriate agency to coordinate disenrollment of the member from that program so they can be enrolled in IRIS.

MANAGED CARE PROGRAMS			CONTACT INFORMATION
HMO	HMOCB HMOCC HMOCD HMOCM	HMOMB HMOMC HMOMD HMOMM	If it has been determined that a member is enrolled in an HMO or SSI HMO, the member may call the Wisconsin BadgerCare Plus HMO enrollment specialist at 800-291-2002.
SSI HMO	SSIMB SSIMC	SSIMD SSIMM	
Program of All-Inclusive Care for the Elderly (PACE)	PACE		Local Aging and Disability Resource Center (ADRC) — https://www.dhs.wisconsin.gov/adrc/consumer/index.htm
Partnership	PACPB		
Family Care	FAMCR		
Care4Kids	FCMH		Phone — 855-371-8104 https://www.dhs.wisconsin.gov/care4kids/index.htm
Children Come First	CCFMM		Phone — 608-250-6634, ext. 135 http://risewisconsin.org/programs/children-come-first/
Wraparound Milwaukee	WAMMM		Phone — 414-257-7610 http://wraparoundmke.com/
WAIVER ENROLLMENT PROGRAMS			COORDINATING ENROLLER
Children’s Long Term Support Medicaid Waiver program	CLTS		Local Waiver Agency — https://www.dhs.wisconsin.gov/clts/contact.htm

Active and Inactive Member IDs

Review the Active field on the Member Information panel for **Active** and **Inactive Member IDs**:

- The *Active* field displays *Active* if the ID in the member ID is current. This indicates the member ID and enrollment information can be used for claims processing.
- If *Inactive* is displayed and the member has a more current ID, the most recent ID will be displayed in the *Linked ID* field. The inactive member ID should not be used.

For member Master Client Index/Member ID issues and mismatches, call the SOS Helpdesk at 608-266-9198.

Cost Share

Cost share amounts are listed on the Patient Liability panel. The waiver cost share amount is the monthly amount the member is responsible to pay to the IRIS fiscal employer agent.

The Medicaid cost share is the amount a member is responsible for while in an inpatient care setting, including a hospital or nursing home:

- The panel also displays the effective and end dates of both cost share types.
- Members should not have both cost share types for the same month.

Additional Information

For detailed Portal and interChange screen information and for complete instructions, refer to the [ForwardHealth IRIS interChange Functionality User Guide](#), which can be accessed by clicking User Guides on the main menu of the secure Partner page of the Portal.

For cases in which CARES Medicaid eligibility is open and confirmed more than two days prior but the same Medicaid eligibility is not updated in interChange, contact the Income Maintenance agency/worker for the member. For the appropriate agency contact information, refer to <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>.